

**Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**

## Application or Docket Number

Substitute for Form PTO-875

10/7/1278

## SMALL ENTITY

(Column 1)

(Column 2)

OR

**OTHER THAN  
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ _____	OR		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	\$ _____ =		OR	X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	\$ _____ =		OR	X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	\$ _____ =	OR	+	\$ _____ =
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## SMALL ENTITY

(Column 1)

(Column 2)

(Column 3)

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EMRA	RATE	ADDITIONAL FEE	OR	SMALL ENTITY	
								RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	29	Minus	29		\$5 =		OR	\$50 =	
Independent (37 CFR 1.16(d))	2	Minus	4		\$100 =		OR	\$200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))					\$180 =		OR	\$360 =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

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AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PERCENT EXTRA	
	8/24/05				
	Total (37 CFR 1.16(c))	29	Minus	29 = /	
	Independent (37 CFR 1.16(b))	2	Minus	4 = /	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.154(d))					

DATE	ADDITIONAL FEE

RATE	ADDITIONAL FEE
OF X \$1.50 =	
OR X \$2.00 =	
OR + \$3.00 =	
TOTAL	
ADDITIONAL FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.18(c))	Minus	**
	Independent (37 CFR 1.18(p))	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(c))			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is 0, write "20" here.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is 1, write "3," else  
The "Highest Number Previously Paid For" (Total or Independent) is higher than

This collection of information is required by 37 CFR 1.16. The information is required by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and includes gathering, preparing, and submitting the completed application and the on the amount of time you require to complete this form and/or suggest a reduction and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

**If you need assistance in completing the form, call 1-**

2 set -t option 2